

#### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

## STATE PUBLIC HEALTH LABORATORY ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED By Carol Day at 9:32 am, Aug 06, 2013

REPORT#7

LOGATION OF INSTRUMENT (STREET AND CITY)  SOL Faraon St. Joseph MO 64501  CHECKLIST: Place a mark in the box by each item it found to be satisfactory or if operating within established limits. (Write in obserting submitted in the properties of th	ī		I PRINT	ER SN			<b>—</b> —————	
TIME OF INSPECTION  SOL Parson St. Joseph MO 64501  CHECKLIST: Place a mark in the box by each item it found to be satisfactory or if operating within established limits. (Wille in obser us where determined.) Unmarked items must be corrected before using instrument.  DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)  TEMPERATURE OF ALCO SENSOR (1 O-C - 40-C)  PRINTER WORKING PROPERLY  TIME AND DATE DISPLAYING PROPERLY  STANDARD SUPPLIER  AIRGAS  LOT # AG300201 EXP.DATE  O1-02-15  SIMULATOR SOLUTION  STANDARD SUPPLIER  AIRGAS  LOT # AG300201 EXP.DATE  O1-02-15  SIMULATOR TEMPERATURE (34'C ± 0.2'C)  SIMULATOR SN  SIMULATOR SN  SIMULATOR SOLUTION  CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  Run there tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .0 0.00% STANDARD - MUST READ BETWEEN 0.005% and 0.105% INCLUSIVE  O.000% STANDARD - MUST READ BETWEEN 0.005% and 0.105% INCLUSIVE  O.000% STANDARD - MUST READ BETWEEN 0.005% and 0.04% INCLUSIVE  STIT W.  .098  TEST 2 W.  .097  TEST 3 W.  .097					95 1111 052		;	
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PECTING OFFICER  PRINT NAME  SCOTT GARY & BRAD KERNS  TELEPHONE NUMBER  220179 08-03-2014 & 220427 12-27-2014  Trn completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  2875 James Boulevard  Print Name  SCOTT GARY & BRAD KERNS  TELEPHONE NUMBER  816-271-5359	RFI DETECTOR OF DICATE THE NUMBI O NOT INCLUDE SE	PERATING ER OF BREATH TES LF-ADMINISTERED	STS IN THE F	OLLOWING RA	ANGES SINC	E THE LAST MAIN		
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# Airgas.

Airgas Mid America (LABORATORY)

3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

#### **Certificate of Analysis**

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 2-Jan-2013

Dear Sir,

This is your Certificate of Analysis:

Exp. Date 1/2/2015

Cyl. Type 108 Component Ethanol

Nitrogen

Certified Concentration

0.100 ± 2% BrAC (272 ppm)

Balance

Lot#

AG300201

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	Concentration	Serial No.	Concentration
EB0010581	391.5 ppm	EB0010603	390.9 ppm
EB0010570	258.4 ppm	EB0010559	258.3 ppm
EB0010285	208.9 ppm	EB0010595	209,2 ppm
EB0010561	101.9 ppm	EB0010562	104.9 ppm
EB0010681	53.0 ppm	EB0010579	52.4 ppm

**Analytical Method:** 

**NDIR** 

Analysis Alost Collinsons

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

#S IV Serial not 838451 Usrsion Date Time 2181 Air Blank: 28/81/13 28:52 .888 Subject 1.3. Cersion Cociton	
AS TO Serial not 8384 Version not 7418 Tens Date Time 1 Air Blank: BS/81/13 28:35 Calibration Check: 23 88/81/13 28:35 Subject Name: 1.5. Docstion	
AS 10 Serial nos 83 Tast Racogn 833; Tast Racogn 138 Air Blanks Salanks Salank	
AS IU Serial not 808451 Usrsion no 7418 Tems Date Time 216 Usida MII Location Subject I.D.	*

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## State of Missouri DEPARTMENT OF HEALTH



### PERMIT TYPE II



#### **SCOTT GARY**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

#### DATAMASTER; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577:041, RSMo 1986.

Date08/03/2012	W in Se
Number 220179	Director of State Public Health Laboratory
Expires <u>08/03/2014</u>	Margaret T, Brunelly  Director, Department of Health
MO 580-0771 (7-88)	Lab. 4 (R7-88)